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The Commonwealth of Massachusetts

Executive Office of Human Services

Department of Public Health

Division of Health Care Quality

150 Tremont Street
Boston 02111

CIRCULAR LETTER: DHCQ 2-86-141

TO: Hospitals with Pediatric Psychiatric Services

FROM: Irene R. McManus, Director
Division of Health Care Quality

DATE: February 14, 1986

RE: Guidelines for Pediatric Psychiatric Services

The Massachusetts Department of Public Health, in consultation with a child psychiatrist, the Department's Pediatric Advisory Committee and others have developed guidelines for the care of an emotionally disturbed child/adolescent who is admitted to a hospital with a pediatric inpatient psychiatric service. A copy of the guidelines is enclosed.

The guidelines are intended to supplement and/or further interpret the Medicare Conditions of Participation for Psychiatric Hospitals 42 CFR 405.1037 and 405.1038 and the Hospital Pediatric Licensure Regulations 105 CMR 130.700 - 130.761 as the regulations apply to the care of children and adolescents with psychiatric illnesses. For your convenience we have also enclosed copies of those regulations.

If you have any questions about the guidelines, please call Anne DeMatteis at (617) 727-5416.

Enclosures

December 1985

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH CARE QUALITY

GUIDELINES FOR PEDIATRIC INPATIENT PSYCHIATRIC SERVICES

INTRODUCTION

The pediatric patient who is emotionally disturbed requires psychiatric services that meet the special needs of the child/adolescent and his/her family. The Massachusetts Department of Public Health in consultation with a child psychiatrist, the Department's Pediatric Advisory Committee and others have developed guidelines for the care of an emotionally disturbed child/adolescent who is admitted to an acute care hospital with a pediatric inpatient psychiatric service. These guidelines are intended to supplement and/or further interpret the Medicare Conditions of Participation for Psychiatric Hospitals 42 CFR 405.1037 and 405.1038 and the Hospital Pediatric Licensure Regulation 105 CMR 130.700 - 130.761 as the regulations apply to the care of children and adolescents with psychiatric illnesses.

Pediatric inpatient psychiatric services licensed by the Department of Public Health which admit mentally ill persons on an involuntary basis are also subject to relevant regulations of, and required to be licensed by the Department of Mental Health in accordance with Department of Mental Health regulation 104 CMR 2.04 (3)(f).

ADMISSION

1. If a hospital provides inpatient psychiatric services to pediatric patients the hospital shall establish policies that meet the following requirements:

   a. individuals admitted to the pediatric psychiatric unit should be under 18 years of age except;

   b. pediatric psychiatric patients under sixteen years shall be admitted to the pediatric psychiatric unit;

   c. pediatric psychiatric patients 16 years and over may, at the option of the admitting physician, be cared for on an adult psychiatric service if the hospital provides such a service when the following conditions are met:

1. provision of special day programs

2. availability of a board certified or eligible child psychiatrist to consult on all patients eighteen years of age and younger

3. availability of a liaison to the local educational authority to obtain the necessary education assessment, plan, and services (note: any child under eighteen, hospitalized for more than fourteen days is eligible for special educational services from their local educational authority). The hospital's psychiatric service should work closely with the appropriate local educational authority to obtain these necessary services.

4. appropriate involvement of family members [see 130.720(I)]

(130.720(A)(B)(1)(2)

2. Hospitals shall establish admission policies and admission criteria that identify the reasons or conditions for admitting a patient to the pediatric psychiatric service.

a. Admission policies shall require sufficient evidence that the child has failed to respond adequately to outpatient treatment and alternatives to hospital care have been fully evaluated and deemed inappropriate or unavailable prior to admission, or that the child's condition as presented is so severe or dangerous that less restrictive alternatives are not possible.

b. The policies for admission shall specifically address the reasons and conditions considered to require inpatient diagnostic, therapeutic or protective/custodial services.

c. Because the family's inability to cope with child or adolescent behavior may contribute to admission, policies should insure that they as well as the patient be evaluated prior to admission and involved in the treatment planning and program, especially in instances where impaired age appropriate functioning requires further inpatient diagnosis and treatment.

3. Hospitals shall have written policies that define the type of patient they are capable of managing on the pediatric psychiatric service. The policies should:

a. specifically address the care of or arrangement for the care of a mentally retarded child and children with drug abuse problems who have psychiatric service needs.

b. provide for the identification and referral to other service providers in the community of the type of patient which cannot be appropriately cared for by the hospital.

CONSULTATION/TRANSFER

1. Each pediatric psychiatric service shall have written policies and procedures for patients requiring consultation that assures that all patients admitted to the pediatric psychiatric inpatient unit shall have a consultation with a Board certified or eligible child psychiatrist.

2. Each pediatric psychiatric service shall have written policies and procedures concerning inpatients and emergency room patients requiring transfer.

   Such policies and procedures shall:

   - include transfers within the same unit, to another unit within the hospital and to another institution.
   - identify who is responsible for making the decision to transfer the patient, the reasons for transfer and the procedures for transfer
   - define the steps to accomplish the transfer in a way that is least disruptive to the patient and family and assures the safety and security of the patient and the staff. (130.720(D))

3. Each pediatric service shall develop written policies and procedures regarding the handling of emergency referrals from other health care facilities and providers.

DISCHARGE

The hospital shall develop written policies and procedures regarding the discharge of pediatric psychiatric patients. The policies shall:

- define discharge criterion
- describe the community resources available to the patient and his/her family
- assure that an appropriate discharge plan is developed using a multidisciplinary team planning approach. The plan shall assure that adequate out-of-hospital referrals are made to meet the child/adolescent and family needs.
- Describe and ensure the participation of the individual designated by the hospital as continuing care coordinator and his/her relationship with the pediatric psychiatric team.

ADVISORY COMMITTEE

Every pediatric psychiatric service shall establish an advisory multi-disciplinary committee, chaired by the medical or clinical director of the inpatient services to advise it on issues related to the service. The committee membership shall include all core staff members, and as appropriate other hospital staff and community representatives including community physicians. The committee shall at least assure the following are considered: the quality and utilization of services, the hospital's role in the community's larger mental health system of services, and approaches to preventive intervention.
(130.720(C))

QUIET ROOM

Each pediatric psychiatric unit shall provide at least one quiet room available for patients requiring security and protection from either himself or others.
(130.720(G))

SAFETY

In addition to the requirements noted under 130.720 (M), optimum safety is achieved by having an adequate number of trained staff for the observation and supervision of patients as a group or on a one-to-one basis as needed.

Also:

1. The unit shall be maintained in accordance with at least the following safety provisions:

   - security windows with unbreakable, shatterproof glass
   - no door locks available for patient use
   - doors that open out
   - if a nurse call system is provided, the system shall permit the removal of cords and call buttons as appropriate
   - no sharp objects within patient reach
   - locked medications and poisons

2. There shall be written policies and procedures concerning staff and patient safety on and off the unit. In particular, policies shall address at least the following:

   - equipment and toy safety
   - provisions for the treatment of physically agressive and self destruct patients so as to protect either the patient or others (e.g. quiet room).
   - "Quiet" room safety that assures frequent patient observation, assessment and documentation. Policies shall include the circumstances requiring such isolation.

- the management of children with suicidal, homicidal, or self-abusive behaviors.
- the quieting of a disruptive patient
- the use of restraints (physical, mechanical and chemical), including the identification of situations when the use of restraints is considered inappropriate.

PARENTAL INVOLVEMENT

Each pediatric psychiatric service shall have a policy regarding parental involvement and patient care protocols that manifest this priority. Policies should at the least address special considerations of pediatric psychiatric patients and families. Protocols shall identify procedures whereby patient admissions, transfers, program reviews and discharges involve consultation and/or timely notice of such actions between the primary clinician and the patient and family.
(130.720(I))

REQUIRED SERVICES

The pediatric psychiatric unit shall provide the following services:

1. Crisis intervention services for the resolution of psychiatric emergencies
2. Inpatient diagnostic/assessment services to determine the patient's physical, emotional, behavioral, social, recreational and educational needs and to evaluate the patient's developmental status. An initial psychiatric evaluation and physical examination shall be completed within 24 hours of admission.
3. Treatment services including at least psychotherapy, pharmacotherapy, milieu therapy and recreational therapy. Educational services are required if long term treatment programs are utilized.
4. Pre-screening and discharge planning and coordination services.
5. Referral services reflecting linkages to other community resources.
6. Family evaluation and intervention.

CORE STAFFING AND SERVICES

A multi-disciplinary team approach shall be utilized in the development and implementation of a comprehensive treatment plan for each child. The following services shall be available and provided by qualified individuals:

Psychiatric Services

- The director of an inpatient psychiatric services shall be a child psychiatrist, board certified (or eligible) by the American Board of Psychiatry and Neurology. If a child psychiatrist is not available full-time, a formal arrangement for consultant services must be made with a qualified child psychiatrist and a board certified or board eligible adult psychiatrist shall be director of the pediatric psychiatric in-patient service.

- The Chief of Service or one or more physicians designated by the Chief shall be on call at all times for the care of pediatric psychiatric patients.
(130.740(B))

Nursing Services

1. The registered professional nurse supervising the nursing services shall meet the requirement set forth in the Medicare Conditions of Participation 405.1038(d)(1) and ideally have experience in the care of mentally ill children and adolescents.
(130.740(E))

2. In addition to the requirements noted under (130.740(F), registered professional nurses and other nursing personnel shall meet the requirements set forth in the Medicare Conditions of Participation 405.1038(d)(4).

3. In order to assure adequate direct care staff are available 24 hours a day, the staffing pattern developed shall be based on a classification or other system to assess patient needs.

Psychology Services

1. Psychological services shall meet the standards set forth in the Medicare Conditions of Participation 405.1038(e),(1)(2).

2. A clinical child psychologist who meets the requirements of 405.1038(e)(1) shall provide the psychological services or supervise the service. In addition, the psychology supervisor shall be licensed by the Commonwealth of Massachusetts, and preferably have at least two years of supervised experience in clinical child/adolescent psychology. If a child psychologist is not available full time, a formal arrangement for consultant services shall be made with a qualified clinical child psychologist.

Social Services

Social work services and staff shall meet the standards set forth in the Medicare Guidelines 405.1038 (f) (1), (2) and be licensed by the Commonwealth of Massachusetts.
(130.740 (G))

Recreation Therapy

Recreational therapy services shall be provided by or supervised by a person who is eligible for registration as therapeutic recreation specialist by the National Recreation Society under its requirements.

Special Education

A special education teacher shall be part of the core staff if the length of stay for the child/adolescent psychiatric patient is 30 days or more. If the length of stay is less than 30 days, the special education teacher may provide consultant services. The special education teacher shall meet the certification requirement for special educators as set forth in the Commonwealth of Massachusetts Department of Education regulations. (603 CMR 700).

Pediatrician

A board certified or board eligible pediatrician shall be part of the core staff to provide comprehensive pediatric services including the consideration of preventive interventions.

ADDITIONAL STAFF AND SERVICES

Consultant Services

- In addition to physical therapy and occupational therapy services required under 130.740(H), a speech-language pathologist with a masters degree and who, if required, is licensed by the Commonwealth of Massachusetts shall be available as a consultant.
- Rehabilitation personnel shall meet the standards set forth in the Medicare Conditions of Participation 405.1038(g) (1-5).
- a board certified or eligible pediatirc neurologist consultant shall be available.

Others

The expertise of primary care providers, family practitioners, pharmacists, clergy and others shall be considered and utilized in the treatment planning process.

MEDICAL RECORDS

Medical records shall meet the standards set forth in the Medicare Conditions of Participation for Psychiatric Hospitals of 42 C.F.R. 405.1037. The following additional elements are necessary in caring for children and their families:

1. 3-generational family history

MEDICAL RECORDS

Medical records shall meet the standards set forth in the Medicare Conditions of Participation for Psychiatric Hospitals of 42 C.F.R. 405.1037. The following additional elements are necessary in caring for children and their families:

1. 3-generational family history

2. The child's developmental history.

3. In addition to the identification of the patient's assets and problem areas, the psychiatric evaluation should also include an assessment of the family's asset and problem areas.

4. An initial educational assessment and periodic evaluation of the child's educational history, needs and achievements.

130.699: continued

PEDIATRIC SERVICE

Section

130.700 through 130.707 Definitions
(130.708 through 130.709: Reserved)
130.710: Department Establishment of Pediatric Advisory Committee
130.711: Department Designation of the Level of Pediatric Service in a Hospital
(130.712 through 130.719: Reserved)
130.720: Requirements for all Pediatric Services (Levels I-III)
(130.721 through 130.729: Reserved)
130.730: Requirements for Uncomplicated Pediatric Services (Level I)
(130.731 through 130.739: Reserved)
130.740: Requirements for General Pediatric Services (Level II)
(130.741 through 130.749: Reserved)
130.750: Requirements for Tertiary Pediatric Services (Level III)
(130.751 through 130.759: Reserved)
130.760: Requirements for Pediatric Specialty Services

DEFINITIONS

130.700: Meaning of Terms

Terms used in 105 CMR 130.710 through 130.789 shall be interpreted as set forth in 105 CMR 130.701 through 130.706.

130.701: Pediatric Patient

Pediatric Patient, any inpatient from birth to age 21, other than an infant in a newborn nursery, an intermediate or special care nursery, or a neonatal intensive care unit. Pediatric patients under the age of 15 must be admitted to a pediatric service. Pediatric patients 15 years of age and over may, at the option of the admitting physician be cared for on a service other than the pediatric service.

130.702: Pediatric Unit

Pediatric Unit, the discrete area and equipment designated for the use of pediatric patients.

130.703 Pediatric Service

Pediatric Service, the combination of personnel, programs, and space needed to provide care for the diagnosis, treatment, and support of pediatric patients.

130.704: Uncomplicated Pediatric Service (Level I)

Uncomplicated Pediatric Service (Level I), a service which provides short-term acute care and/or stabilization for pediatric patients and which may provide prolonged care to pediatric patients in appropriate cases. A Level I service may perform emergency and selected elective pediatric surgical procedures requiring general or spinal anesthesia in accordance with guidelines developed by the Department in conjunction with the Pediatric Advisory Committee. A Level I service need not have a pediatric unit but it must admit all pediatric patients under 15 years of age to a room or rooms designated primarily for the use of pediatric patients. A Level I service shall exist only in an area where

130.704: continued

there is documented evidence of geographic isolation as defined in the acute care hospital component of the currently approved state health plan.

130.705: General Pediatric Service (Level II)

General Pediatric Service (Level II), a service which provides care for pediatric patients with uncomplicated and complicated medical and surgical problems who do not require the specialized pediatric intensive care and/or comprehensive specialized services found on a tertiary pediatric service (Level III). A Level II service must have a pediatric unit with suitable personnel and access to subspecialty consultation, supportive laboratory facilities, and ancillary services necessary to provide for the level of care offered.

130.706: Tertiary Pediatric Service (Level III)

Tertiary Pediatric Services (Level III), a service which includes Level II pediatric care, pediatric intensive care, and comprehensive specialized services. A Level III service must have a wide range of pediatric specialists and subspecialists, 24-hour in-hospital medical coverage by physicians at a minimum in a pediatric residency program, appropriate pediatric laboratory facilities, and a medical school affiliation.

130.707 Pediatric Specialty Service

Pediatric Specialty Service, a hospital or a unit of a hospital which limits the pediatric care it provides to a class of diseases or a subdivision of a department of medicine or surgery.

130.710: Department Establishment of Pediatric Advisory Committee

The Department shall establish a Pediatric Advisory Committee to advise the Department on issues related to the hospital licensure regulations of the Department concerning pediatric services. This committee's membership shall be multidisciplinary. It shall include but not necessarily be limited to one or more members of the following groups: physicians, nurses, hospital administrators, and consumers. It shall be representative of the various parts of the state and all levels of pediatric care.

130.711: Department Designation of the Level of Pediatric Service in a Hospital

The Department shall designate the level of pediatric service of each hospital subject to Department licensure which has a pediatric service. The Department will base such designations upon documentation submitted by each such hospital of the nature of its pediatric service, followed by a survey of the service by Department staff and consultation with the Pediatric Advisory Committee. By July 1, 1981, each hospital with a pediatric service must file an application with the Department in which it proposes the level of care at which its pediatric services should be designated. This application shall be accompanied by documentation that the hospital's pediatric service complies with the requirements for that level. Thereafter, the Department will survey the hospital to check its compliance with the requirements for that level of care.

130.720: Requirements for all Pediatric Services (Levels I-III)

Pediatric services (Levels I-III) shall comply with the following requirements:

130.720: continued

(A) Hospitals providing inpatient care to children under 15 years of age must admit these patients to a level I pediatric area as described in 105 CMR 130.730(C) or a level II pediatric unit or sub-unit, or a level III pediatric unit, with the exception of those patients who require specialized care which cannot be provided in such a pediatric area, unit or sub-unit, such as obstetrics or other care designated by the Department. Pediatric patients 15 years of age and over may, at the option of the admitting physician, be cared for on a service other than the pediatric service.

(B)(1) Any patient 21 years of age or older may be admitted to a pediatric service when in the opinion of the Chiefs of Pediatrics, and the Director of Nursing or their designees, he has a condition most appropriately treated on a pediatric service.

(2) When a temporary medical emergency fills the medical/surgical service, and the admission to a pediatric unit a sub-unit of certain medical/surgical patients 21 years of age or older poses no danger to pediatric patients, such a medical/surgical patient may be admitted to a pediatric unit or sub-unit with the approval of the Chief of Pediatrics and the Director of Nursing or their designees, provided:

(a) No such patient occupies a bed in the same room as a pediatric patient, and

(b) The hospital keeps a log of each such admission, which is available for the Department's inspection.

(C) Every pediatric service shall establish an advisory multidisciplinary Pediatric Committee, chaired by the Chief of Pediatrics, to advise it on issues related to the service.

(D) Each pediatric service shall have written policies and procedures for patients requiring transfer and/or consultation.

(E) The hospital shall establish a policy identifying which patients must have a consultation by a pediatrician.

(F) Each pediatric service shall develop a policy for the management of infectious disease and isolation.

(G) At least one pediatric patient room shall be available for isolation use.

(H) Each pediatric service shall have written protocols for the management of pediatric patients with known or suspected psychiatric, child abuse or neglect problems.

(I) The pediatric service shall have a policy regarding parental involvement which allows for constant parental support of and contact with the pediatric patient throughout hospitalization. However parental access to specialized areas like operating rooms may be denied.

(J) The clinical laboratory services available for pediatric patients shall be defined by the Director of Laboratory Services in consultation with the Chief of Pediatrics, the chiefs of other services caring for pediatric patients, and hospital administration.

(K) The diagnostic radiological procedures available for pediatric patients shall be defined by the Chief of Radiology in consultation with the Chief of Pediatrics, the chiefs of other services caring for pediatric patients, and hospital administration.

(L) Equipment sized appropriately for pediatric patients must be available in all areas and services providing care to pediatric patients.

130.720: continued

(M) All pediatric service equipment, including beds, cribs, wheelchairs, and toys, shall meet the minimum safety standards established by the hospital's Pediatric Committee.

(N) Provision shall be made for the safe storage of drugs, external solutions, and other potentially toxic substances kept on pediatric services.

(O) Laundry chutes on pediatric services must be locked.

(P) All personnel providing direct care to pediatric patients shall participate in a pediatric orientation program which meets the needs of the hospital and its patients.

(Q) Each pediatric service shall have pediatric emergency resuscitation equipment and medication readily available. A visible sign or chart listing pediatric doses for emergency drugs shall accompany such equipment.

(R) Only Level III pediatric services may have pediatric intensive care units. Ordinarily, patients under 15 years of age requiring intensive care shall be admitted to pediatric intensive care units in hospitals with Level III pediatric services. When this is inadvisable, such a patient may be admitted to an adult intensive care unit (ICU) if the ICU meets the following criteria for the duration of the pediatric patient's stay:

(1) A physician who is capable of pediatric resuscitation is available in-hospital 24 hours a day.

(2) There is a consultation with a board qualified or certified pediatrician for every pediatric patient under 15 admitted to the ICU.

(3) A registered nurse with clinical pediatric experience is available to the ICU for nursing consultation and/or care whenever a pediatric patient requires it.

(4) Emergency pediatric drug dosages are available in the ICU.

(5) Pediatric-sized emergency resuscitation equipment is available in the ICU.

(6) Emergency laboratory services utilizing microtechniques shall be available in-hospital 24 hours a day.

(7) A radiology technician shall be available in-hospital 24 hours a day.

(S) Every pediatric service shall make available informational material on chronic and other related conditions to families of pediatric patients with such conditions, and services to such families.

130.730: Requirements for Uncomplicated Pediatric Services (Level I)

Uncomplicated pediatric services (Level I) must meet the following requirements in addition to those listed in 105 CMR 130.720:

(A) A physician with pediatric experience shall be designated as the Chief of Pediatrics. The Chief of Pediatrics or the Chief's designee shall be on call at all times for the care of pediatric patients.

(B) There must be a registered nurse with clinical pediatric experience on duty 24 hours a day for the direct supervision of pediatric nursing care.

(C) There must be specific beds within an adult care unit designated for pediatric patients. These beds and other equipment must be adaptable for pediatric patients under 15 years of age. The area must be equipped with bathroom facilities for the exclusive use of pediatric patients.

130.730: continued

(D) Social services for pediatric patients shall be available in-hospital or through consultant arrangements and their existence must be made known to the families of pediatric patients.

(E) At a minimum, consultant arrangements shall be made for the provision of physical and occupational therapy for pediatric patients

130.740: Requirements for General Pediatric Services (Level II)

General pediatric services (Level II) must meet the following requirements in addition to those listed in 105 CMR 130.720:

(A) The hospital must have either:
(1) a discrete unit designated for pediatric patients, or
(2) a discrete sub-unit within an adult care unit containing beds permanently designated as pediatric beds, provided this sub-unit meets the following requirements:
(a) Such pediatric beds are located in a specific room, or contiguous specific rooms, and such beds and other support equipment are appropriate for pediatric patients under 15 years of age.
(b) The nursing station or sub-station serving pediatric patients is adjacent to the room(s) containing beds designated for pediatric patients. Observation of these rooms is possible from the nursing station or sub-station.
(c) The pediatric service has written policies specifying the ages and types of diagnoses of patients who may be admitted to the sub-unit for elective and emergency purposes, and the types of procedures that may be performed on them. The hospital has written policies specifying the types of diagnoses that adult patients may not have to be admitted to the adult care unit in which pediatric sub-unit is located. These policies are approved by the Department, with the advice of the Pediatric Advisory Committee, as assuring an adequate standard of care for pediatric patients admitted to the sub-unit.
(d) The pediatric sub-unit is situated in such a way that the flow of adult patients through it is discouraged.

(B) The hospital must have a designated Chief of Pediatrics who is a board qualified or certified pediatrician. The Chief of Pediatrics or one or more physicians designated by the Chief shall be on call at all times for the care of pediatric patients

(C) There must be a physician trained in pediatric resuscitation available in-hospital 24 hours a day.

(D) Any pediatric residents and interns assigned to a Level II service shall be supervised by a staff pediatrician.

(E) The head nurse or equivalent who has 24-hour responsibility for the direction and supervision of patient care on the general pediatric service shall be a registered nurse, preferably with a B.S. in nursing, and shall have had documented pediatric nursing experience within the past five years.

(F) At least one registered nurse with pediatric nursing experience shall be assigned to work in each pediatric unit or sub-unit at all times. Nursing personnel regularly assigned to the pediatric unit or sub-unit shall have this as their primary patient care responsibility

(G) Social services for pediatric patients must be available in-hospital or through consultant arrangements, and their existence must be made known to the families of pediatric patients.

130.740: continued

(H) Physical and occupational therapy services shall be available in-hospital or through consultant arrangements.

(I) The Chief of Pediatrics and the Laboratory Director shall determine what laboratory tests, including those utilizing microtechniques the hospital must have the capacity to perform for pediatric patients. A technician to perform such tests shall be available on a 24-hour basis, in-hospital or on call within 15 minutes.

(J) A radiology technician shall be available on a 24-hour basis in-hospital or on call within 15 minutes.

(K) When necessary, a registered dietitian shall be available to Level II service staff and the families of pediatric patients for consultation concerning pediatric nutrition.

(L) The hospital shall provide documentation of training and experience in pediatric anesthesiology of anesthesiologists providing care to pediatric patients.

(M) Pharmacy services including 24-hour availability of medications and intravenous solutions must be available in-hospital. Pharmacy consultations must be available on call 24 hours a day.

(N) The pediatric service must have a protocol for a recreational and educational program sufficient to meet the needs of its patients.

(O) The service must have an area (areas) which is (are) used primarily for recreation or play, and which is (are) equipped with items appropriate for the pediatric patients of the age using the area(s).

130.750: Requirements for Tertiary Pediatric Services (Level III)

Tertiary pediatric services (Level III) must meet the requirements listed in 105 CMR 130.720 and 130.740. In addition, Level III services must meet the following requirements. In case of conflict between these requirements and those listed in 105 CMR 130.740, Level III services must meet the requirements listed in this section).

(A) There must be a designated Chief of Pediatrics and an alternate or alternates designated by the Chief who will assume the responsibilities of the Chief in the Chief's absence. Each must be a board qualified or certified pediatrician.

(B) A board qualified or certified pediatrician or pediatric resident with a minimum of two years' residency training must be in the hospital 24 hours a day.

(C) The pediatric service must have a supervisory level nursing coordinator, who has at least a B.S. in nursing and pediatric experience, and preferably an M.S. in pediatric nursing.

(D) At least one social worker with an M.S.W. and experience working with pediatric patients and their families must be assigned to the pediatric service.

(E) Occupational therapy services must be available in-hospital and given or supervised by an occupational therapist with documented experience as a pediatric occupational therapist.

(F) Physical therapy services must be available in-hospital and given or supervised by a physical therapist with documented experience as a pediatric physical therapist.

130.750: continued

(G) There must be a board qualified or certified radiologist or a radiology resident in-hospital at all times.

(H) At least one radiologist and one radiology technician in the hospital must have training and experience in pediatric radiology and radiologic technology respectively beyond that required for board certification in radiology and certification in radiologic technology.

(I) There must be a pediatric patient recreation program run by at least one trained activity therapist, whose education and experience is in one or more of the following fields: child development, early childhood education, or early childhood counseling.

(J) Each Level III service must have a pediatric intensive care unit (PICU), discrete from the adult ICU, which is designed and staffed to provide for critically ill or potentially critically ill pediatric patients who need highly specialized intervention and advanced life-support technology. The PICU shall meet the following requirements.

(1) The PICU shall be directed by a board-certified pediatrician, or a pediatric anesthesiologist board-certified in anesthesiology, who has documented special training and experience in the care and management of critically-ill pediatric patients.

(2) The PICU Director shall be assisted by at least one Associate Director who is a board-certified pediatrician or anesthesiologist with special training and experience in the care and management of critically ill pediatric patients

(3) A physician who is responsible for the PICU patients shall be in-hospital 24 hours a day.

(4) A person capable of intubating and resuscitating pediatric patients shall be available within or immediately adjacent to the PICU 24 hours a day.

(5) Consultant board-certified physicians with training and experience in the following: pediatric surgery, cardio-thoracic surgery, neurosurgery, and neurology shall be available to the PICU 24 hours a day. Consultants from other subspecialties shall be available as necessary.

(6) The registered nurse in charge of the nursing staff in the PICU shall have at least two years of pediatric nursing experience and documented education in the care and management of critically ill pediatric patients.

(7) Registered nurses in the PICU shall have had documented experience in either clinical pediatric nursing or adult medical/surgical nursing and shall have received specialized orientation in the care and management of critically-ill pediatric patients prior to assuming PICU staff nurse positions.

(8) The registered nurse/patient ratio in the PICU shall be between 1/1 and 1/2, depending upon the number of nursing care hours required by each patient.

(9) Support personnel necessary to operate, maintain, regulate, or repair monitoring and ventilatory equipment shall be available to the PICU 24 hours a day.

130.760: Requirements for Pediatric Specialty Services

Pediatric specialty services must apply to the Department for designation of the level of their pediatric service pursuant to 105 CMR 130.711. Absent a waiver from the Department, each such service shall comply with all the requirements for the level of care at which it is designated. However, if documentation submitted by the pediatric specialty service, a survey by the Department and Department consultation with the Pediatric Advisory Committee provide substantial evidence that any of these requirements should not apply, on the basis of the grounds for waiver of standards indicated in 105 CMR 130.970, the

130.760: continued

Department may waive the application of such a requirement to the service.

130.761: Emergency Service - Pediatric Patients

(A) All hospitals providing emergency care for pediatric patients, as defined by 105 CMR 130.701, shall meet the following requirements.

(1) At least one (1) physician with training in pediatric resuscitation shall be on duty in the emergency room at all times.

(2) A pediatrician or a general or family practitioner who regularly sees pediatric patients of all ages shall be on call twenty-four (24) hours a day and available for consultation in the emergency room within thirty (30) minutes.

(3) The hospital shall have a policy providing for consultation and/or referral from the emergency room to an appropriate pediatric inpatient service.

(4) Equipment and medication necessary for pediatric emergency resuscitation shall be readily available in the emergency room. A readily visible sign or chart listing pediatric doses for emergency drugs shall be posted in all rooms in which resuscitation is conducted.

(5) Names and phone number of consultants on call to provide emergency care to pediatric patients' shall be readily accessible.

(6) Radiology and laboratory services, including appropriately board-certified physicians and technicians, shall be available on call twenty-four (24) hours a day.

(7) The emergency service shall have written policies and procedures for the management of pediatric problems, including:

a) Cardiopulmonary resuscitation.
b) Respiratory obstruction
c) Burns
d) Poison and ingestions.
e) Drug and alcohol abuse.
f) Child abuse.
g) Psychiatric disturbances
h) Transfer of pediatric patients to other facilities
i) Consent to treatment on behalf of pediatric patients
j) Handling of special situations such as pediatric patients dead on arrival, or suspected rape, pregnancy, or venereal disease.

(B) Emergency services in hospitals having a tertiary pediatric service (Level III) as defined by 105 CMR 130.705 shall meet the requirements of 105 CMR 130.761(A) and in addition the following requirements:

(1) At least one (1) physician experienced in pediatric emergency care shall be on duty in the emergency care area at all times.

(2) There shall be board qualified or certified physician coverage on call to provide care for any critically injured or ill pediatric patient at all times. This coverage shall include but not necessarily be limited to pediatrics, surgery, and anesthesiology.

(3) Social services and psychiatric services shall be available on call twenty-four (24) hours a day.

REGULATORY AUTHORITY

105 CMR 130.000: M.G.L. c. 111, ss. 3, 51 - 56.

NON-TEXT PAGE

where appropriate, been used to institute

§§ 405.1020 through 405.1039.

(c) In addition, psychiatric hospitals (or distinct parts thereof) must meet the requirements of section 1861(f) of the Act and be in substantial compliance with the conditions of participation contained in §§ 405.1037 and 405.1038 and tuberculosis hospitals (or distinct parts thereof) must meet the requirements of section 1861(g) of the Act and be in substantial compliance with the conditions of participation contained in §§ 405.1039 and 405.1040.

§ 405.1037 Condition of participation—Special medical record requirements for psychiatric hospitals.

The medical records maintained by a psychiatric hospital permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

(a) *Standard: medical records.* Medical records stress the psychiatric components of the record including history of findings and treatment rendered for the psychiatric condition for which the patient is hospitalized. The factors explaining the standard are as follows:

(1) The identification data includes the patient's legal status.

(2) A provisional or admitting diagnosis is made on every patient at the time of admission and includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.

(3) The complaint of others regarding the patient is included as well as the patient's comments.

(4) The psychiatric evaluation, including a medical history, contains a record of mental status and notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the patient's assets in descriptive, not interpretative, fashion.

(5) A complete neurological examination is recorded at the time of the admission physical examination, when indicated.

(6) The social service records, including reports of interviews with patients, family members and others, provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.

(7) Reports of consultations, psychological evaluations, reports of electroencephalograms, dental records and reports of special studies are included in the record.

(8) The individual comprehensive treatment plan is recorded, based on an inventory of the patient's strengths as well as his disabilities, and includes a substantiated diagnosis in the terminology of the American Psychiatric Association's Diagnostic and Statistical Manual, short-term and long-range goals, and the specific treatment modalities utilized as well as the responsibilities of each member of the treatment team in such a manner that it provides adequate justification and documentation for the diagnoses and for the treatment and rehabilitation activities carried out.

(9) The treatment received by the patient is documented in such a manner and with such frequency as to assure that all active therapeutic efforts such as individual and group psychotherapy, drug therapy, milieu therapy, occupational therapy, recreational therapy, industrial or work therapy, nursing care and other therapeutic interventions are included.

(10) Progress notes are recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in active treatment modalities. Their frequency is determined by the condition of the patient but should be recorded at least weekly for the first 2 months and at least once a month thereafter and should contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan.

(11) The discharge summary includes a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning followup or aftercare as well as a brief summary of the patient's condition on discharge.

(12) The psychiatric diagnoses contained in the final diagnoses are written in the terminology of the American Psychiatric Association's Diagnostic and Statistical Manual.

405.1038 Condition of Participation—Special Staff Requirements for Psychiatric Hospitals.—The hospital has staff adequate in number and qualifications to carry out an active program of treatment for individuals who are furnished services in the institution.

(a) *Standard; Personnel; Facilities.*—Inpatient psychiatric facilities (psychiatric hospitals, distinct parts of psychiatric hospitals or inpatient components of community mental health centers) are staffed with the number of qualified professional, technical and supporting personnel, and consultants required to carry out an intensive and comprehensive treatment program that includes evaluation of individual needs, establishment of treatment and rehabilitation goals, and implementation, directly or by arrangement, of a broad range therapeutic program including, at least, professional psychiatric, medical, surgical, nursing, social work, psychological and activity therapies as required to carry out an individual treatment plan for each patient. The factors explaining the standard are as follows:

(1) Qualified professional, technical, and consultant personnel are available to evaluate each patient at the time of admission, including diagnosis of any intercurrent disease. Services necessary for such evaluation include laboratory, radiological and other diagnostic tests, obtaining psychosocial data, carrying out psychiatric and psychological evaluations and completing a physical examination, including a complete neurological examination when indicated, shortly after admission.

(2) The number of qualified professional personnel, including consultants and technical and supporting personnel, is adequate to assure representation of the disciplines necessary to establish short-range and long-term goals; and to plan, carry out, and periodically revise a written individualized treatment program for each patient based on scientific interpretation of:

(i) Degree of physical disability and indicated remedial or restorative measures, including nutrition, nursing, physical medicine, and pharmacological therapeutic interventions;

(ii) Degree of psychological impairment and appropriate measures to be taken to relieve treatable distress and to compensate for nonreversible impairments where found;

(iii) Capacity for social interaction and appropriate nursing measures and milieu therapy to be undertaken, including group living experiences, occupational and recreational therapy, and other prescribed rehabilitative activities to maintain or increase the individual's capacity to manage activities of daily living;

(iv) Environmental and physical limitations required to safeguard the individual's health and safety with a plan to compensate for these deficiencies and to develop the individual's potential for return to his own home, a foster home, an extended care facility, a community mental health center, or another alternative facility to full time hospitalization.

(b) *Standard; Director of Inpatient Psychiatric Services; Medical Staff.*—Inpatient psychiatric services are under the supervision of a clinical director,

service chief or equivalent who is qualified to provide the leadership required for an intensive treatment program, and the number and qualifications of physicians are adequate to provide essential psychiatric services. The factors explaining the standard are as follows:

(1) The clinical director, service chief or equivalent is certified by the American Board of Psychiatry and Neurology, or meets the training and experience requirements for examination by the Board ("Board eligible"). In the event the psychiatrist in charge of the clinical program is Board eligible, there is evidence of consultation given to the clinical program on a continuing basis from a psychiatrist certified by the American Board of Psychiatry and Neurology.

(2) The medical staff is qualified legally, professionally and ethically for the positions to which they are appointed.

(3) The number of physicians is commensurate with the size and scope of the treatment program.

(4) Residency training is under the direction of a properly qualified psychiatrist.

(c) *Standard; Availability of Physicians and Other Personnel.*—Physicians and other appropriate professional personnel are available at all times to provide necessary medical and surgical diagnostic and treatment services, including specialized services. If medical and surgical diagnostic and treatment services are not available within the institution, qualified consultants or attending physicians are immediately available or a satisfactory arrangement has been established for transferring patients to a general hospital certified under the Health Insurance for the Aged Program.

(d) *Standard; Nursing Services.*—Nursing services are under the direct supervision of a registered professional nurse who is qualified by education and experience for the position; and the number of registered professional nurses, licensed practical nurses, and other nursing personnel are adequate to formulate and carry out the nursing components of the individual treatment plan for each patient. The factors explaining the standard are as follows:

(1) The registered professional nurse supervising the nursing program has a master's degree in psychiatric or mental health nursing or its equivalent from a school of nursing accredited by the National League for Nursing, or is qualified by education, experience in the care of the mentally ill, and demonstrated competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, supervise and train others who assist in implementing and carrying out the nursing components of each patient's treatment plan.

(2) The staffing pattern insures the availability of a registered professional nurse 24 hours each day for direct care; for supervising care performed by other nursing personnel; and for assigning nursing care activities not requiring the services of a professional nurse to other nursing service personnel according to the patient's needs and the preparation and competence of the nursing staff available.

(3) The number of registered professional nurses, including nurse consultants, is adequate to formulate in writing and assure that a nursing care plan for each patient is carried out.

(4) Registered professional nurses and other nursing personnel are prepared by continuing in service and staff development programs for active participation in interdisciplinary meetings affecting the planning or implementation of nursing care plans for patients including diagnostic conference, treatment planning sessions, and meetings held to consider alternative facilities and community resources.

(e) *Standard; Psychological Services.*—The psychological services are under the supervision of a qualified psychologist and the psychology staff, including consultants, is adequate in numbers and by qualifications to plan and carry out assigned responsibilities. The factors explaining the standard are as follows:

(1) The psychology department or service is under the supervision of a psychologist with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology or its adjudged equivalent. Where a psychologist who does not hold the doctoral degree directs the program, he has attained recognition of competency through the American Board of Examiners for Professional Psychology, State certification or licensing, or through endorsement by his State psychological association.

(2) Psychologists, consultants and supporting personnel are adequate in number and by qualifications to assist in essential diagnostic formulations and to participate in program development and evaluation of program effectiveness, in training and research activities, in therapeutic interventions such as milieu, individual or group therapy, and in interdisciplinary conferences and meetings held to establish diagnoses, goals, and treatment programs.

(f) *Standard; Social Work Services and Staff.*—Social work services are under the supervision of a qualified social worker, and the social work staff is adequate in numbers and by qualifications to fulfill responsibilities related to the specific needs of individual patients and their families, the development of community resources, and consultation to other staff and community agencies. The factors explaining the standard are as follows:

(1) The director of the social work department or service has a master's degree from an accredited school of social work and meets the experience requirements for certification by the Academy of Certified Social Workers.

(2) Social work staff, including other social workers, consultants and other assistants or case aides, is qualified and numerically adequate to conduct prehospitalization studies; to provide psychosocial data for diagnosis and treatment planning, direct therapeutic services to patients, patient groups or families, to develop community resources, including family or foster care programs; to conduct appropriate social work research and training activities; and to participate in interdisciplinary conferences and meetings concerning diagnostic formulation and treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

(g) *Standard; Qualified Therapists, Consultants, Volunteers, Assistants, Aides.*—Qualified therapists, consultants, volunteers, assistants or aides are sufficient in number to provide comprehensive therapeutic activities, including at least occupational, recreational and physical therapy, as needed, to assure that appropriate treatment is rendered for each patient, and to establish and maintain a therapeutic milieu. The factors explaining the standard are as follows:

(1) Occupational therapy services are preferably under the supervision of a graduate of an occupational therapy program approved by the Council on Education of the American Medical Association who has passed or is eligible for the National Registration Examination of the American Occupational Therapy Association. In the absence of a full-time, fully qualified occupational therapist, an occupational therapy assistant who is certified by the American Occupational Therapy Association may function as the director of the activities program with consultation from a fully qualified occupational therapist.

(2) When physical therapy services are offered, the services are given by or under the supervision of a qualified physical therapist who is a graduat of a physical therapy program approved by th Council on Medical Education of the America Medical Association in collaboration with the Amer ican Physical Therapy Association or its equivalent In the absence of a full-time, fully qualified physica therapist, physical therapy services are available b· arrangement with a certified local hospital or b· consultation or part-time services furnished by a fully qualified physical therapist.

(3) Recreational or activity therapy services are available under the direct supervision of a member of the staff who has demonstrated competence in therapeutic recreation programs.

(4) Other occupational therapy, recreational therapy, activity therapy and physical therapy assistants or aides are directly responsible to qualified supervisors and are provided special on-the-job training to fulfill assigned functions.

(5) The total number of rehabilitation personnel including consultants, is sufficient to permit adequate representation and participation in interdisciplinary conferences and meetings affecting the planning and implementation of activity and rehabilitation programs, including diagnostic conferences; and to maintain all daily scheduled and prescribed activities including maintenance of appropriate progress records for individual patients.

(6) Voluntary service workers are under the direction of a paid professional supervisor of volunteers, are provided appropriate orientation and training, and are available daily in sufficient numbers to be of assistance to patients and their families in support of therapeutic activities.